IPT UK North West Regional Meeting
30th September 2021, 1.30pm – 4:00pm via MS Teams
Kathryn Denham & Jane Taylor

We asked the North West members to cast their minds back to the 23rd March 2020, the start of the first lockdown of the pandemic and reflect and share their experiences from that day onwards. In doing so we developed a loose structure and divided it into 3 parts (as indicated below), as a group we recollected these key themes.

Part One-Reflections - Impact on services/staff
We asked what they could remember/impact on service/contingency plans/feelings/challenges

- Chaos, stress, uncertainty, situation felt out of control.
- Lots of changes; technology and learning as we went along; accommodation lost or changed; staff uniforms in IAPT.
- Some services-there was clear contingency plans activated, organised and communicated to staff who felt "well informed".
- Other services-staff felt overwhelmed (volume of information; keeping staff in the loop with lots of changes at the start); "out of depth"; huge responsibility.
- In some services the processes felt almost "militaristic" in operation at the start.
- The impact on staff/services dependent on individual life circumstances/personal circumstances.
- Challenges of not being able to connect with colleagues in the same ways leading to isolation professionally getting a sense of the clients' experiences.
- Impact on quality of work and therapy.
- Benefits/positives-staff did adapt and manage the transition in work practices while offering the best service they could to clients and clients themselves also adjusted for the most part.
- Creating rota's for clinic space and/or being redeployed to inpatient services

Part Two-Reflections - Impact on client group
We explored the immediate impact/modified practice/expectations/ruptures/IT challenges for both patient/staff/therapeutic relationship/PPE

- Relationships with their family members changed-reconnected (positive) or increased stress in interpersonal world (negatives-? Risk and/or safeguarding came into play)
- Other demands- "home schooling"; carer roles

- The therapeutic relationship-became an "anchor", appreciation from clients that staff were available.
- Online/remote therapy was more of a challenge for some clients because of IT knowledge/fears about using technology, availability of technology because of social/financial constraints and circumstances (e.g., sharing devices with their children, who were home schooling).
- Questions about whether we were offering a support service rather than therapy at the beginning and early stages of the change to remote therapy.
- In therapy sessions, more difficult to engage the client/oneself or to pick up on emotions and affect, body language, silence, other cues, wearing masks and impact on the therapeutic relationship. Also, different rules of wearing/not wearing in different services/different client groups.
- Managing risk within remote therapy more challenging. Some had the opportunity to bring clients in to review face to face but not an option for all staff/clients even now.
- For some services their DNA rate reduced and attendance increased which helped the statistics of commissioned services.

Part Three-Reflections - The future for all
In light of the above we considered what this may mean for future practice/IPT/methods of delivering therapy/preference/choice

- Implications for future practice-a blend of face to face and remote therapy is going to be the way forward and "new normal"? Services may never go back to previous ways of functioning. A sadness comes with this.
- Beneficial for certain client groups, e.g., those with Long Term Health Conditions-therapy becomes more accessible online or a blend of online and face to face perhaps because of fluctuating nature of their health condition and practicalities of transport/buildings used by services also?
- Opportunity to develop new and creative ways of working when offering remote therapy?
- IPT as a therapy will most definitely come into its own with a model that will fit almost certainly with post pandemic presentations coming into services-grief/loss, change, conflict, isolation.